

## ELECTRONIC PAYMENT AUTHORIZATION

Please complete, sign and return with a **voided check** to **US-FIN-BillPay@infios.com**. Please note: If a confirmation letter on bank letterhead is sent, the sender will still be subject to a verbal verification of banking details provided. Infios US, Inc., reserves the right to hold payment until a verbal verification can be completed.

Please Select One:            New Authorization                            Changes to Existing Authorization

If this is a change to an existing authorization, please list last four digits of old bank account number: \_\_\_\_\_

Date: \_\_\_\_\_

Shipper Name (entity being invoiced): \_\_\_\_\_

Shipper Account Number(s): \_\_\_\_\_

Payee Entity Legal Name: \_\_\_\_\_

Payee Legal/Headquarters Street Address: \_\_\_\_\_

Payee City, State, Zip and Country: \_\_\_\_\_

Payee Contact Email Address (A/R preferred): \_\_\_\_\_

Remittance Email Address (if different from above): \_\_\_\_\_

Payee Phone (A/R preferred): \_\_\_\_\_

### Payments via Electronic Credit Card:

Are credit cards accepted as a method of payment for invoices (USD ONLY)?            YES            NO

If credit cards are accepted, are there fees for processing?            YES    Fee Amount: \_\_\_\_\_            NO

Can **credit card** payments be emailed?            YES            NO

Email address: \_\_\_\_\_

Other notes for payment if payments can not be sent via Email. Please provide all details necessary for processing credit card payments (ie: needs to be charged via online platform, etc): \_\_\_\_\_

**See next Page for electronic payments via bank transfer**

### Infios US, Inc.

7760 France Ave. S., Ste. 800

Bloomington, MN 55435 USA

T +1.800.328.3271 [www.infios.com](http://www.infios.com)

## Payments via Bank Transfer

In accordance with fraud-prevention policies, no electronic payments will be initiated until we are able to verbally confirm the banking information through a phone call verification. Sending a copy of a **voided check** can help to speed up the verification process.

Company authorizes Infios to initiate electronic payments to the Payee on behalf of Infios's client into the bank indicated below:

Payee Financial Institution: \_\_\_\_\_

Payee Financial Institution Country: \_\_\_\_\_

Payee Currency:      USD      CAD      EUR      GBP      OTHER (please list) \_\_\_\_\_

For **USD** Payments:

Payee Bank Account #: \_\_\_\_\_

Payee Routing #: \_\_\_\_\_

Payee Bank SWIFT/BIC (if applicable): \_\_\_\_\_

Payee CLABE (for payments routed to Mexico): \_\_\_\_\_

For **CAD** Payments:

Payee Bank Account #: \_\_\_\_\_

Payee Canadian Routing Number: \_\_\_\_\_ Payee Bank #: \_\_\_\_\_ Payee Transit #: \_\_\_\_\_

Payee Bank SWIFT/BIC (if applicable): \_\_\_\_\_

Intermediary Bank Information (if applicable):

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_ SWIFT: \_\_\_\_\_

For **EUR** Payments:

Payee IBAN: \_\_\_\_\_

Payee Bank SWIFT/BIC: \_\_\_\_\_

For **GBP** Payments:

Payee Bank Account #: \_\_\_\_\_

Payee IBAN: \_\_\_\_\_

Payee British Sort Code: \_\_\_\_\_

Payee Bank SWIFT/BIC: \_\_\_\_\_

**See Next Page for Other Currencies**

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a Körber company

For **Other Currencies:**

Payee Bank Account #: \_\_\_\_\_

Payee IBAN: \_\_\_\_\_

Payee Bank SWIFT/BIC (if applicable): \_\_\_\_\_

Payee CLABE (for payments to Mexico): \_\_\_\_\_

Intermediary Bank Information (if applicable):

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_ SWIFT: \_\_\_\_\_

This authority is to remain in full force and effect until Infios has received notification of termination in such a time and in such a manner to afford Infios and Bank a reasonable opportunity to act on it. Any changes to this payment authorization form must be emailed to [US-FIN-BillPay@infios.com](mailto:US-FIN-BillPay@infios.com) and shall require up to ten (10) business days from the date of Infios's receipt of such email to become effective. If Payee receives payments that are not authorized by Infios's client, the Payee agrees to promptly reimburse such amounts to Infios. By signing below, Payee consents to the above terms:

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payee Printed Name

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